SENT VIA EMAIL OR FAX ON
May/10/2011

IRO Express Inc.

An Independent Review Organization
2131 N. Collins, #433409
Arlington, TX 76011
Phone: (817) 405-0875
Fax: (817) 549-0310
Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Second 80 hours of CPMP

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Licensed Psychologist

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. On this date the patient was at work when he felt a pop in his back accompanied by severe pain. The patient has a history significant for previous work related injury to the low back with surgery in September 2008. Functional capacity evaluation dated 12/27/10 indicates that required PDL is medium heavy and current PDL is light. Psychological evaluation dated 02/10/11 indicates that treatment to date includes health and behavior therapy, spine fusion surgery in June 2010, physical therapy and medication management. Current medications include Flexeril, Trazadone, Metformin and Exforge. BDI is 20 and BAI is 15. Diagnosis is adjustment reaction with mixed emotional features. The patient has completed 80 hours of chronic pain management program to date. Progress summary indicates that BDI has improved to 16 and BAI to 6. Leg and floor lifts are largely unchanged. Range of motion is slightly improved.

Initial request for second 80 hours of CPMP was non-certified on 03/31/11 noting that thus far in the program change in physical output parameters is modest. There is no documentation of objective, clinically meaningful improvement functional status and ADL, pain behavior and/or social functioning. The denial was upheld on appeal dated 04/11/11 noting that minimal progress has been obtained in the initial 10 trial sessions of the program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Based on the clinical information provided, the request for second 80 hours of CPMP is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 10 sessions of chronic pain management program to date. The Official Disability Guidelines support treatment beyond two weeks only with “evidence of demonstrated efficacy as documented by subjective and objective gains”. The submitted records indicate that the patient has made minimal progress in the program to date. Progress summary indicates that BDI has improved to 16 and BAI to 6. Leg and floor lifts are largely unchanged. Range of motion is only slightly improved. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary, and the two previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES